

CERTIFICATE OF MEDICAL FITNESS

NAME: Nibin Sibi

AGE/ GENDER: 29y / M

HEIGHT: 168

WEIGHT: 82 kg

IDENTIFICATION MARK: —

BLOOD PRESSURE: 130/80 mmHg

PULSE: 98 / min

CVS: Normal.

RS:P

ANY OTHER DISEASE DIAGNOSED IN THE PAST: —nil

ALLERGIES, IF ANY: —nil

LIST OF PRESCRIBED MEDICINES: —nil

ANY OTHER REMARKS: —nil

I Certify that I have carefully examined Mr/Mrs. Nibin Sibi son/daughter of Ms Sibi who has signed in my presence. He/ she has no physical disease and is fit for employment.

Dr. BINDUR
MBB
Internal Me
Reg. No.

[Signature]
Signature of candidate

Signature of Medical Officer

Place: Spectrum diagnostic & health care

Date: 22/06/24

Disclaimer: The patient has not been checked for COVID. This certificate does not relate to the covid status of the patient examined

SCAN FOR LOCATION



Dr. Ashok S
Bsc., MBBS., D.O.M.S
Consultant Ophthalmologist
KMC No: 31827

DATE: 22-06-24.

EYE EXAMINATION

NAME: Ms. Neha Sibi AGE: 297 GENDER: F / M

	RIGHT EYE	LEFT EYE
Vision	<u>6/6m</u>	<u>6/6m</u>
Vision With glass		
Color Vision	<u>Normal</u>	<u>Normal</u>
Anterior segment examination	<u>Normal</u>	<u>Normal</u>
Fundus Examination	<u>Normal</u>	<u>Normal</u>
Any other abnormality	<u>Nil</u>	<u>Nil</u>
Diagnosis/ impression	<u>Normal</u>	<u>Normal</u>

Dr. ASHOK SARODHE
B.Sc., M.B.B.S., D.O.M.S.
Eye Consultant & Surgeon
KMC 31827
Consultant (Ophthalmologist)



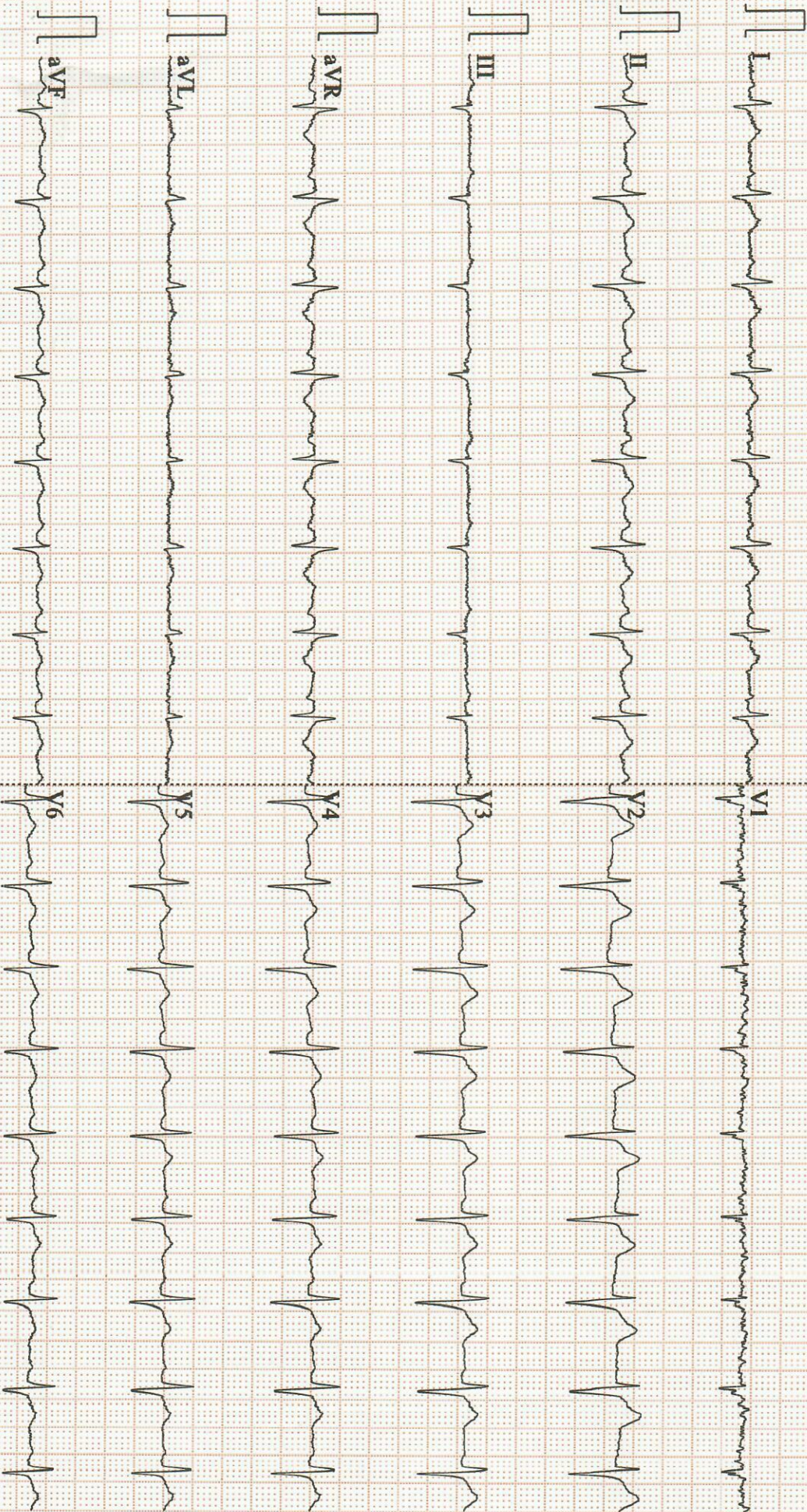
MR NIBIN SIBI
Male 29Years

HR	: 102	bpm
P	: 106	ms
PR	: 164	ms
QRS	: 90	ms
QT/QTc	: 312/407	ms
P/QRS/T	: 64/-80/39	°
RV5/SV1	: 0.541/0.363	mV

Diagnosis Information:

Sinus Tachycardia
Abnormal Q Wave(III)
Left Axis Deviation

Report Confirmed by:



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Age / Gender	: 29 years / Male			Sample Col. Date	: 22-Jun-2024 09:05 AM
Ref. By Dr.	: Dr. APOLO CLINIC			Result Date	: 22-Jun-2024 12:50 PM
Reg. No.	: 2206240029			Report Status	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
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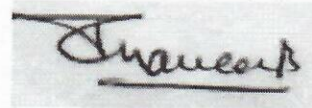
CHEST PA VIEW

- Visualised lungs are clear.
- Bilateral hila appears normal.
- Cardia is normal in size.
- No pleural effusion.

IMPRESSION: No significant abnormality.



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DR PRAVEEN B, MBBS, DMRD, DNB Consultant
Radiologist

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Test Name	Result	Unit	Reference Value	Method
Complete Haemogram-Whole Blood EDTA				
Haemoglobin (HB)	17.80	g/dL	Male: 14.0-17.0 Female:12.0-15.0 Newborn:16.50 - 19.50	Spectrophotometer
Red Blood Cell (RBC)	5.64	million/cumm	3.50 - 5.50	Volumetric Impedance
Packed Cell Volume (PCV)	52.80	%	Male: 42.0-51.0 Female: 36.0-45.0	Electronic Pulse
Mean corpuscular volume (MCV)	93.60	fL	78.0- 94.0	Calculated
Mean corpuscular hemoglobin (MCH)	31.60	pg	27.50-32.20	Calculated
Mean corpuscular hemoglobin concentration (MCHC)	33.80	%	33.00-35.50	Calculated
Red Blood Cell Distribution Width SD (RDW-SD)	40.60	fL	40.0-55.0	Volumetric Impedance
Red Blood Cell Distribution CV (RDW-CV)	14.10	%	Male: 11.80-14.50 Female:12.20-16.10	Volumetric Impedance
Mean Platelet Volume (MPV)	9.80	fL	8.0-15.0	Volumetric Impedance
Platelet	2.83	lakh/cumm	1.50-4.50	Volumetric Impedance
Platelet Distribution Width (PDW)	9.90	%	8.30 - 56.60	Volumetric Impedance
White Blood cell Count (WBC)	9520.00	cells/cumm	Male: 4000-11000 Female 4000-11000 Children: 6000-17500 Infants : 9000-30000	Volumetric Impedance
Neutrophils	57.50	%	40.0-75.0	Light scattering/Manual
Lymphocytes	30.10	%	20.0-40.0	Light scattering/Manual
Eosinophils	8.30	%	0.0-8.0	Light scattering/Manual



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Test Name	Result	Unit	Reference Value	Method
Monocytes	4.00	%	0.0-10.0	Light scattering/Manual
Basophils	0.10	%	0.0-1.0	Light scattering/Manual
Absolute Neutrophil Count	5.47	10 ³ /uL	2.0- 7.0	Calculated
Absolute Lymphocyte Count	2.87	10 ³ /uL	1.0-3.0	Calculated
Absolute Monocyte Count	0.38	10 ³ /uL	0.20-1.00	Calculated
Absolute Eosinophil Count	790.00	cells/cumm	40-440	Calculated
Absolute Basophil Count	0.01	10 ³ /uL	0.0-0.10	Calculated
Erythrocyte Sedimentation Rate (ESR)	02	mm/hr	Female : 0.0-20.0 Male : 0.0-10.0	Westergren

Peripheral Smear Examination-Whole Blood EDTA

Method: (Microscopy-Manual)

RBC'S : Normocytic Normochromic.
WBC'S : Are normal in total number with mild raise in eosinophils.
Platelets : Adequate in number and normal in morphology.
No abnormal cells or hemoparasites are present.
Impression : Normocytic Normochromic Blood picture with mild eosinophilia.



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Test Name	Result	Unit	Reference Value	Method
Fasting Blood Sugar (FBS)- Plasma	89	mg/dL	60.0-110.0	Hexo Kinase

Comments: Glucose, also called dextrose, one of a group of carbohydrates known as simple sugars (monosaccharides). Glucose has the molecular formula $C_6H_{12}O_6$. It is found in fruits and honey and is the major free sugar circulating in the blood of higher animals. It is the source of energy in cell function, and the regulation of its metabolism is of great importance (fermentation; gluconeogenesis). Molecules of starch, the major energy-reserve carbohydrate of plants, consist of thousands of linear glucose units. Another major compound composed of glucose is cellulose, which is also linear. Dextrose is the molecule D-glucose. Blood sugar, or glucose, is the main sugar found in the blood. It comes from the food you eat, and it is body's main source of energy. The blood carries glucose to all of the body's cells to use for energy. Diabetes is a disease in which your blood sugar levels are too high. Usage: Glucose determinations are useful in the detection and management of Diabetes mellitus.

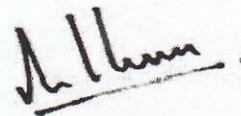
Note: Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine & Microalbumin urine

Comments: Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying & brisk glucose absorption.

Probable causes : Early Type II Diabetes / Glucose intolerance, Drugs like Salicylates, Beta blockers, Pentamidine etc., Alcohol ,Dietary – Intake of excessive carbohydrates and foods with high glycemic index ? Exercise in between samples ? Family history of Diabetes, Idiopathic, Partial / Total Gastrectomy.



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Test Name	Result	Unit	Reference Value	Method
Alanine Aminotransferase (ALT/SGPT)-Serum	17.00	U/L	Male:16.0-63.0 Female:14.0-59.0	UV with Pyridoxal - 5 - Phosphate

Comments: Alanine Aminotransferase (ALT/SGPT) is an enzyme found mainly in liver tissue and to a lesser extent in heart, kidney and skeletal muscle. It's measurement is clinically useful in the diagnosis of liver and biliary disease. Normal ranges in Adult male:<45 and Adult female:<34 U/L.

Cholesterol Total-Serum	178.00	mg/dL	Desirable: 0.0-200 Borderline High: 200-239 High:>240	Cholesterol Oxidase/Peroxidase (Spectrophotometer)
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Comments: Cholesterol is a lipophilic molecule that is essential for human life. It has many roles that contribute to normally functioning cells. For example, cholesterol is an important component of the cell membrane. It contributes to the structural makeup of the membrane as well as modulates its fluidity. Cholesterol functions as a precursor molecule in the synthesis of vitamin D, steroid hormones (e.g., cortisol and aldosterone and adrenal androgens), and sex hormones (e.g., testosterone, estrogens, and progesterone). Cholesterol is also a constituent of bile salt used in digestion to facilitate absorption of fat-soluble vitamins A, D, E, and K. Since cholesterol is mostly lipophilic, it is transported through the blood, along with triglycerides, inside lipoprotein particles (HDL, IDL, LDL, VLDL, and chylomicrons). These lipoproteins can be detected in the clinical setting to estimate the amount of cholesterol in the blood. Chylomicrons are not present in non-fasting plasma. Increasing concentrations of Total cholesterol and LDL cholesterol are both correlated with increasing risk of cardiovascular disease. The levels are used to monitor response to cholesterol lowering therapy.

Creatinine, Serum	1.30	mg/dL	Male: 0.70-1.30 Female: 0.55-1.02	Modified kinetic Jaffe
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Comments: Creatinine is the product of creatine metabolism. Creatinine is a chemical compound left over from energy-producing processes in your muscles. Healthy kidneys filter creatinine out of the blood. Creatinine exits your body as a waste product in urine. It is a measure of renal function and elevated levels are observed in patients typically with 50% or greater impairment of renal function.

Blood Group & Rh Typing-Whole Blood EDTA

Blood Group	B	Slide/Tube agglutination
Rh Type	Positive	Slide/Tube agglutination



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Note: Confirm by tube or gel method.

Comments: ABO blood group system, the classification of human blood based on the inherited properties of red blood cells (erythrocytes) as determined by the presence or absence of the antigens A and B, which are carried on the surface of the red cells. Persons may thus have type A, type B, type O, or type AB blood.

Urea-Serum	29.90	mg/dL	11.0 - 43.0	Urease-GLDH, UV Method
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Comments: Urea is the end product of protein metabolism. It reflects on the functioning of the kidney in the body. Elevated levels are seen in pre-renal azotemia, renal disease, post-renal disease and reduced glomerular perfusion due to shock, dehydration, diarrhea etc. Decreased levels are seen in malnutrition, overhydration, liver disease etc.



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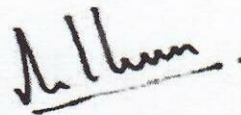
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Test Name	Result	Unit	Reference Value	Method
Urine Routine Examination-Urine				
Physical Examination				
Colour	Pale Yellow		Pale Yellow	Visual
Appearance	Clear		Clear	Visual
Reaction (pH)	6.0		5.0-7.5	Dipstick
Specific Gravity	1.025		1.000-1.030	Dipstick
Biochemical Examination				
Albumin	Traces		Negative	Dipstick/Precipitation
Glucose	Negative		Negative	Dipstick/Benedicts
Bilirubin	Negative		Negative	Dipstick/Fouchets
Ketone Bodies	Negative		Negative	Dipstick/Rotheras
Urobilinogen	Normal		Normal	Dipstick/Ehrlichs
Nitrite	Negative		Negative	Dipstick
Microscopic Examination				
Pus Cells	4-6	hpf	0.0-5.0	Microscopy
Epithelial Cells	2-4	hpf	0.0-10.0	Microscopy
RBCs	Absent	hpf	Absent	Microscopy
Casts	Absent		Absent	Microscopy
Crystals	Absent		Absent	Microscopy
Others	Absent		Absent	Microscopy

Comments: The kidneys help infiltration of the blood by eliminating waste out of the body through urine. They also regulate water in the body by conserving electrolytes, proteins, and other compounds. But due to some conditions and abnormalities in kidney function, the urine may encompass some abnormal constituents, which are not normally present. A complete urine examination helps in detecting such abnormal constituents in urine. Several disorders can be detected by identifying and measuring the levels of such substances. Blood cells, bilirubin, bacteria, pus cells, epithelial cells may be present in urine due to kidney disease or infection. Routine urine examination helps to diagnose kidney diseases, urinary tract infections, diabetes and other metabolic disorders.



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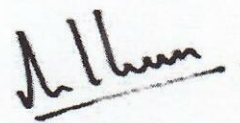
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C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Stool Routine Examination				
Physical Examination				
Colour	Yellowish			Physical
Consistency	Semisolid			Physical
Mucus	Absent		Absent	Physical
Chemical Examination				
pH	7.00		5.0-7.5	Dipstick
Reducing substance	Negative		Negative	
Occult Blood	Negative		Negative	Guaiaac
Microscopic Examination				
Pus Cells	1-2	/hpf	0 - 5	Microscopy
Red Blood Cells	Nil	/hpf		Microscopy
Epithelial cells	1-2	/hpf	<10	Microscopy
Ova	Absent		Absent	Microscopy
Cyst	Absent		Absent	Microscopy
Trophozites	Absent		Absent	Microscopy
Vegetable Cells	Absent		Absent	Microscopy
Muscle Fibres	Absent		Absent	Microscopy
Starch Granules	Absent		Absent	Microscopy
Fat Globules and Soap	Absent		Absent	Microscopy
Bacteria	Present		Absent	Microscopy
Others	Absent		Absent	Microscopy



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